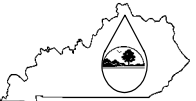


<b>Form TPR</b>	<b>TRANSFER OF PERMIT REQUEST</b> Kentucky Pollutant Discharge Elimination System (KPDES)	 <b>Division of Water</b>
NAME OF FACILITY:	AGENCY USE ONLY	
PERMIT NO.:	COUNTY:	
<b>I. CURRENT PERMITTEE INFORMATION (Existing permit holder)</b>		
Name of Current Permittee:		
Facility Location Address (Street, road, etc.):		
Facility City, State, Zip Code:		
<b>II. PROPOSED OWNER OR OPERATOR INFORMATION</b>		
Name of Proposed Permittee and Official Title:		
<b>NEW</b> Name of Facility (if applicable):		
<b>NEW</b> Name of Company (if applicable):		
Proposed Permittee Mailing Address:		
Proposed Permittee City, State, Zip Code:		
Proposed Permittee Telephone Number:		
Proposed Permittee Email Address:		
NetDMR Official Contact for Proposed Permittee:		
NetDMR Official Contact Telephone Number:		
NetDMR Official Contact Email Address:		
<b>III. NOTIFICATION BY CURRENT PERMITTEE</b>		
<input type="checkbox"/> Effective Date of Transfer of Permit Ownership:		
<input type="checkbox"/> Attach a signed copy of the contractual written agreement between the existing permittee and new proposed permittee containing a specific date for transfer of the permit responsibility, coverage, and liability between them.		
PRINTED NAME AND TITLE:		
SIGNATURE:	DATE:	
<b>IV. ACKNOWLEDGEMENT BY NEW PERMITTEE</b>		
I hereby certify that I agree to the transfer of the permit, and I will assume ownership and all responsibility for meeting the permit conditions relating to water quality at the permitted facility listed above on the effective date of transfer indicated.		
PRINTED NAME AND TITLE:		
SIGNATURE:	DATE:	

Return completed application form and attachments to: Division of Water, Surface Water Permits Branch, 300 Sower Boulevard, 3<sup>rd</sup> Floor, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.